

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILED DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8		2					58					
9		2					59					
10		2					60					
11		2					61					
12	1						62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
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30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			4				TOTAL IND.					
TOTAL DEP.			8				TOTAL DEP.					
TOTAL CLAIMS			12				TOTAL CLAIMS					